DOCUMENT RESUME

ED 189 535 CG 014 560

AUTHOR Friedman, Robert M.; Zeigler, Chris
TITLE Therapeutic Foster Homes: An Alternative Residential Model for Emotionally Disturbed Children and Youth.
PUB DATE Nov 79
NOTE 8p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (26th, Washington, DC, March 26-29, 1980). Best copy available.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Children; Community Programs; *Emotional Disturbances; *Foster Family; *Foster Homes; Group Homes; Models; *Program Effectiveness; *Residential Care; Residential Programs; *Therapeutic Environment

ABSTRACT

Many communities have turned to group homes and residential treatment centers to serve children and adolescents displaying behavioral and/or emotional problems, because most foster parents are not able to deal with such children, and the expense of psychiatric hospitalization is prohibitive. One alternative which has been used very sparingly is the therapeutic foster home in which specially-trained foster parents participate as an integral part of the treatment team and help to build a cohesive network that provides emotional and social support for its members. The main advantage of such a program is that treatment can be provided in a family-style context. Negative influences from other disturbed children can be eliminated because the program is designed to meet the needs of each child. Although existing research data are not sufficient to permit an adequate assessment of the effectiveness of therapeutic foster home programs, the relative inexpensiveness and flexibility of these programs make a strong case for additional program development. (Author/HLM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED189535

BEST COPY AVAILABLE

THERAPEUTIC FOSTER HOMES: AN ALTERNATIVE RESIDENTIAL MODEL FOR EMOTIONALLY DISTURBED CHILDREN AND YOUTH

Robert M. Friedman and Chris Zeigler[1]

Adolescent Project
Child, Adolescent and Community Program
Florida Mental Health Institute
13301 N. 30th St.
Tampa, FL 33612

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Robert Friedman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

NOVEMBER, 1979

CG 014560

[1] Chris Zeigler is Supervisor, Special Programs, Mental Health Program Office, 1317 Winewood Boulevard, Tallahassee, Fl. 32301

THERAPEUTIC FOSTER HOMES: AN ALTERNATIVE RESIDENTIAL MODEL FOR EMOTIONALLY DISTURBED CHILDREN AND YOUTH

Robert M. Friedman and Chris Zeigler

The problem of finding appropriate out-of-home placements for adolescents and pre-adolescents is a serious one confronting most communities. This problem is even more difficult when the youngster requiring placement is displaying behavioral and/or emotional problems. For these special needs children and adolescents, the least costly publically-supported placement option is foster family care. However, most foster parents are neither interested in nor adequately prepared to work with youngsters with serious problems. At the other end of the expense continuum is psychiatric hospitalization, which in addition to being the most costly option is highly restrictive, often not available, and of questionable effectiveness. It also generally precludes the involvement of natural parents due to geographic location.

As a result of the shortcomings of these two alternatives, many communities have turned to group homes and residential treatment centers to serve children and adolescents with special needs. An additional alternative which has typically been used very sparingly is the "therapeutic foster home." The purpose of this paper is to describe the key features of therapeutic foster home programs, discuss some of the advantages and uses of them, review the findings of such programs, present several different program models, and discuss the funding of them.

Features of Therapeutic Foster Homes

The first special feature of therapeutic foster homes, as they differ from traditional foster homes, is that the foster parents are specifically recruited to work with children with serious emotional problems. The foster parents are paid a stipend above and beyond the money paid to regular foster parents, and are provided with special training and additional professional and social supports. The training is typically a combination of pre-service training beyond the general orientation to foster care, and regular, periodic in-service sessions. A professional counselor or caseworker is assigned to work with a small caseload of about eight to twelve youngsters, generally with the expectation of conducting at least one treatment session per week for each youngster. There is typically no more than one child placed per home. The foster parents receive the benefits of a contact with a professional staff member weekly. This is marked contrast with regular foster care where foster parents may go several weeks, or even months in between contacts from caseworkers because of the large caseloads that the staff members have.

The foster parents participate as an integral part of the treatment team-typically the most important part of the team. Other members of the team may be the child welfare caseworker, and typically a counselor or caseworker with special mental health training. Consultation from other mental health professionals is also available.

A strong and specific attempt is generally made in therapeutic foster homes to build amongst the various families a cohesive network that provides emotional and social support for its members. This is almost akin to creating an "extended

family" for each household since the foster parents are encouraged to assist each other in ways that extended family members traditionally have done. This is obvious in one program where the developers specifically sought a model that would allow them to "build in the advantages of the residential center while maintaining the obvious merits of placement in a nuclear family setting. The concept that evolved to meet these objectives was that of an 'institution without walls,'.... the functioning of extended family systems in Western society seemed to be a model which, suitably adapted, could form the basis of a treatment system that would provide an alternative to residential treatment programs." (Rubenstein, Armentrout, Levin, & Herald, 1978)

Advantages of Therapeutic Foster Home Programs

Obviously, then, the number one advantage of therapeutic foster home programs is that treatment can be provided in a family-style context, thereby providing a re-learning experience that may best prepare the youngster to return to his/her own family, or to one day begin a family of his/her own. Within a family in which there is only one child, the treatment can also be both individualized and intense. Further, the negative influences that often times come from other emotionally disturbed youngsters, and which can be such a problem in group treatment programs are eliminated.

Therapeutic foster home programs also have the advantage of flexibility in comparison to group programs. Even if the program serves no more than five or is children, for example, both boys and girls can be served, and youngsters of various ages can be included. The program may also serve individuals with varying degrees of problem severity. For some youngsters it may serve to prevent the need for psychiatric hospitalization, while for others with less serious problems it may serve to facilitate a return home or to independent living. The program is also flexible in that short-term and long-term treatment needs can be met. Some foster parents may specialize in short-term treatment while others may work with fewer youngsters but those requiring long-term treatment, if not a lasting placement until reaching the age of majority. Similarly, some foster parents may be trained to specialize in working with the older adolescent for whom the primary task is preparation for independent living. Others may focus on youngsters whose natural parents are interested in and able to provide partial care throughout treatment. Children may be placed in the therapeutic foster homes on a five-day per week basis in such cases (Loewe & Hanrahan, 1975).

Therapeutic foster homes also have a number of administrative and financial advantages. Since the program utilizes the existing house of the foster parents, it is without the many administrative problems that beset community-based group homes such as dealing with neighbors, zoning, and transportation (Knickerbocker & Langford, 1978). The cost of client service in therapeutic foster homes represents another clear advantage. Several groups report that the cost of their programs was about half of the cost of group treatment programs for a comparable population (Knickerbocker & Langford, 1978). The cost of client service in therapeutic foster

homes represents another clear advantage. Several groups report that the cost of their programs was about half of the cost of group treatment programs for a comparable population (Knickerbocker & Langford, 1978; Rubenstein, et al., 1978). The cost of such programs has been estimated by the present authors to be no higher than $750 per month in Florida, including foster parent payments, professional staff, training materials, and overhead expenses. This makes it less expensive than almost all group-oriented programs.

Program Models

Although therapeutic foster home programs generally share a set of common features, as indicated earlier, the specific program models may differ considerably. These differences typically reflect the attempt of program developers to capitalize on special features either associated with their agency or their community. The unique components that are added to programs are often directed at helping with the most important problem of recruiting foster parents, and then providing them with adequate support so that they will continue in their very difficult position. Such features begin with the recognition that the actual job of "parenting" youngsters with special needs and problems is not initially likely to be highly rewarding, and that there is therefore a need to provide special recognition and support to foster parents in this early stage.

It has been pointed out that because of the difficult problems presented by the youngsters, "foster parents must, therefore, find their support and reward through identification with being part of an agency team and knowing that they are providing a valuable service for a troubled human being. Foster parents for this special project will, therefore, have many of the attributes of child care staff or group home parents rather than those of the 'traditional' foster parent." (Parsons, 1979)

This particular program, just beginning at Children's Home in Tampa, tries to develop the positive identification of the foster parents with the sponsoring agency, which in this case is a group child care facility. Another new program being planned in Tampa, under the auspices of a community mental health center, seeks to provide the foster parents with a sense of "belonging" to the center (McNally, 1979). Foster parents, for example, will be invited to participate in the in-service activities for other staff at the center. The program in operation at the Lee County Mental Health Center strives to create a mental health--foster parent network through regular meetings which provide opportunities for people to show their support for each other while at the same time encouraging foster parents to keep in contact in between meetings (Knickerbocker & Langford, 1978). A program proposed by the Foster Parent Project of Nova University in Broward County would take advantage of its unique affiliation with a university to provide foster parents with an opportunity to earn college credit for training they receive, and to progress through a regular sequence of courses until a certification in "Parent Education" has been earned (Foster Parent Project, 1978). The "Parent-Therapist Program" of Rubenstein, et al. (1978) in Ontario, Canada, makes the most explicit mention of trying to create an extended-family type of social network, although other programs

implicitly work towards this goal. The advantage of this is illustrated in the Parent-Therapist Program in an instance where one of the foster parents was severly injured in an accident, and the other parents rallied around the family unit to provide assistance, much as an extended family would. Such assistance allowed the youngster to remain in the home during the critical time after the accident, although in a normal foster home the child would probably have had to be removed.

Effectiveness of Therapeutic Foster Home Programs

At this point, there have been relatively few adequate evaluations of therapeutic foster home programs. The most thorough study was conducted by Rubenstein et al. (1978). They compared youngsters (all between six and twelve years of age) who had been placed in their Parent-Therapist Program with those who had been placed in residential treatment programs. Assignment to the foster home vs. residential treatment programs was essentially done on a random basis, provided that each program had space available; the characteristics of the two groups of youngsters as they entered their respective programs were quite similar. The evaluation showed no difference in outcome between the two groups. The major finding was that the residential placements had been about twice as expensive as the foster home placements, although both programs were equally good.

Preliminary data are available on the Lee County program, which has been one of the pioneer efforts in the state (Knickerbocker & Langford, 1978; Knickerbocker, personal communication, 1979). These data show that the program has been quite successful in taking youngsters who in many cases had bounced from one placement to another, and stabilizing their living situation. At the same time as their living situation was being stabilized, the participants were making gains in general psycho-social adjustment and performance in school.

Additional data of relevance come from a retrospective study done comparing the adjustment of children in foster homes compared to placements in group homes, institutions, or with natural parents (Fuller, Barre, Danker-Brown, Burchard, Doggett, Lefebvre, Teri, & Leitenberg, 1976). Although this study, which was conducted in Vermont, has all of the shortcomings associated with attempts to go back after the fact and evaluate various treatment programs, the results are still encouraging in that the most favorable outcomes came with foster care placement. These outcomes were in relation to school performance, police contacts, and placement stability.

Clearly, the existing data are at this point not sufficient to permit an adequate assessment of the effectiveness of therapeutic foster home programs. The small amount of data that are available, however, suggest that such programs appear to warrant further development along with further program evaluation. The relative inexpensiveness of such programs, plus their non-restrictiveness and flexibility, in combination with the available data on program effectiveness make an even stronger case for additional program development in this area.

THERAPEUTIC FOSTER HOMES: AN ALTERNATIVE RESIDENTIAL MODEL FOR EMOTIONALLY DISTURBED CHILDREN AND YOUTH

Funding of Therapuetic Foster Homes

Another advantage of therapeutic foster home programs is that part of the funding exists within regular foster care programs. The general foster care program provides monthly board payments to foster parents to cover expenses for youngsters. It also provides for medical expenses through the Medicaid program. This reduces the amount of money needed to begin a program, and therefore makes it easier for communities to create therapeutic foster home programs. In addition, by the very nature of the therapeutic foster home program, it can be begun on a small scale and expanded gradually, as the need for services and the program success call for. Programs can be started, for example, with as few as five special foster homes.

Presently, within the State of Florida one source of funding for placements for emotionally disturbed children and adolescents is a program called the "Purchase of Residential Service for Emotionally Disturbed and Psychotic Children." The type of residential service that has typically been purchased under this program has been residential treatment in large treatment facilities at a minimum cost of $1,200 per client per month.

At the present time, guidelines are being developed under which placement in therapeutic foster homes can be purchased under this state Purchase of Service program. This has the obvious advantage to the state of prividing less expensive treatment. Such treatment can also be based in the youngster's own home community, facilitating the involvement of natural parents in the treatment process. It is expected that by early 1980, therapeutic foster homes will be an eligible service under this Purchase of Service program. The task, therefore, becomes one of developing the necessary therapeutic foster home programs around the state so that the relative inexpensiveness of such programs, plus the availability of part of the expenses through the regular foster care program, plus the likely availability in early 1980, of Purchase of Service monies will help communities find the remaining small amounts of money to begin such programs (in Hillsborough and Manatee Counties such a program is expected to begin with a budget of only about $25,000 for the first six months).

Assistance in Developing Therapeutic Foster Home Programs

The Adolescent Project, of the Child, Adolescent, and Community Program, Florida Mental Health Institute, is available to provide technical assistance to groups interested in beginning therapeutic foster home programs. The Adolescent Project, in conjunction with the Mental Health Program Office, Tallahassee, will sponsor periodic workshops and meetings to bring together people interested in such programs. The first of these meetings is tentatively scheduled for December, 1979. Information about the guidelines for the Purchase of Service Program is available from the Special Programs Office of the Mental Health Program Office in Tallahassee.

REFERENCES

Foster Parent Project. Specialized foster homes. Unpublished manuscript, Nova University, Davie, Fl., 1978.

Fuller, E. J., Barre, S. B., Danker-Brown, P., Burchard, J. D., Doggett, M. A., Lefebvre, M. F., Teri, L., & Leitenberg, H. Children's adjustment in foster homes compared to alternative placements. Paper presented at annual meeting of the Americal Psychological Association, Washington, D. C., September, 1976.

Knickerbocker, D., & Langford, V. Family re-ed project: A mental health--foster parent network for emotionally disturbed adolescents. In R. M. Friedman, D. Wolfe, S. Lardieri, & J. Quick (Eds)., *Programs for Dependent Adolescents: Issues, Problems, Alternatives--Conference Proceedings.* Adolescent Project, Florida Mental Health Institute: Tampa, Fl., 1978.

Loewe, B., & Hanrahan, T. E. Five-day foster care. *Child Welfare*, 1975, *54*, 7-18.

McNally, J. A proposal from a consortium of agencies in Hillsborough County for the establishment of specialized foster homes as a valid substitute for residential care for disturbed children. Unpublished manuscript, Hillsborough Community Mental Health Center, Tampa, Fl., September, 1979.

Parsons, J. R. The specialized foster home project. Unpublished manuscript, Children's Home, Tampa, Fl., February, 1979.

Rubenstein, J. S., Armentrout, J. A., Levin, S., & Herald, D. The parent-therapist program: Alternate care for emotionally disturbed children. *American Journal of Orthopsychiatry*, 1978, *48*, 654-662.